

LOCATION PACKET FOR WHOLESALERS, DISTRIBUTORS AND MANUFACTURERS

L-LW (01/2016)

(01/2016)The Location Packet (L-LW) should be completed by all Wholesalers, Distributors and Manufacturers submitting an original, reinstatement, and/or change of location application. This packet (L-LW) along with the Prequalification Packet (L-W) must be submitted to your local TABC office. All statutory and rule references mentioned in this application refer to and can be found in the Texas Alcoholic Beverage Code or Rules located on our website. www.tabc.texas.gov/laws/code_and_rules.asp **1.** Application for: ☐ Original ☐ Reinstatement License/Permit Number ☐ Change of Licensed Location License/Permit Number Trade Name of Location 3. Location Address. 4. Business Entity Name/Applicant **5.** Federal Employer Identification Number (FEIN) INITIAL INFORMATION **6.** Do you have a current and active license/permit issued by TABC under the above FEIN? \square Yes \square No If "YES," please indicate the license/permit number of the last license/permit issued If "NO," complete the Business Packet (L-B). 7. If you hold a current license/permit under the above FEIN has there been any change in the ownership or structure of the business since the last application was filed? \(\subseteq \text{Yes} \quad \text{No} \) If "YES." complete the Business Packet for Reporting Changes (L-BRC).

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	OWNERSHIP/LEASE/SUBLEASE/MANAGEMENT INFORMATION
8.	Does the applicant own the land and building at this proposed licensed location? Yes No If "NO," please complete Owner of Property (L-OP).
9.	If operating under a lease at this location, indicate: Expiration date(s)/Options Monthly rental amount \$ Other fees and payments to
10	If "YES," complete Sublessor (L-SL) and indicate the following: Expiration date(s)/Options Monthly fee \$
11.	Will the license or permit embrace the entire building and grounds at the address shown? Yes No If "NO," attach a diagram of your premise as required by Section 11.49. Be advised the location will be inspected prior to approval of your application.

FINANCE INFORMATION

- **12.** What is the amount of total investment from all sources for this location? \$\\
 Please be prepared to provide copies of all documents related to the financing of this location.
- **13.** List any person, firm, or corporation that has advanced or will advance any money, that holds any mortgage or encumbrances against the assets of the proposed business location, or that has signed or co-signed, guaranteed or financially assisted this business location for which you are seeking a license/permit. If a partnership or corporation, list entity along with partners/officers.

(If more space is needed, attach additional page.)

SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount	
			\$	
Name, Corporation, Pa	rtner/Officer	Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount	
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SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount	
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Name, Corporation, Partner/Officer		Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount	
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Name, Corporation, Pa	rtner/Officer	Terms		
SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount	
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SSN or FEIN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Amount	
			\$	
Name, Corporation, Pa	rtner/Officer	Terms	T	

BONDED WAREHOUSE PERMIT (J / JD) (Wet / Dry)				
14.	In general terms, specify what other goods and commodities are stored in this warehouse. (If additional space is needed, please attach a page.)			
4.5				
15.	Are you providing services to permit holders other than storage?			
16.	Is at least 50% of gross revenue during each three (3) month quarter derived from goods and merchandise other than alcoholic beverages? No			
17.	Is the location in a wet or dry area? Wet Dry			
	BREWERS (B) (Malt greater than 4% of alcohol by weight)			
18.	Will the applicant engage in the business of brewing and packaging beer in Texas within the three-year period covered by its original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer? Yes No			
19.	Do you, the applicant contract with another brewery to produce your product? Yes No If "Yes," provide the TABC license/permit number of that brewery. Is your product brewed at their location? Yes No			
20.	Do you, the applicant, utilize an alternating proprietorship agreement to produce your product? Yes No			
	If "Yes," provide TABC license/permit number of that brewery. Is your product brewed at their location? Yes No			
	MANUFACTURERS (BA) (Malt 4% or less of alcohol by weight)			
21.	Will the applicant engage in the business of brewing and packaging beer in Texas within the three-year period covered by its original license and one successive renewal in quantities to qualify as a bona fide brewing manufacturer? No			
22.	Do you, the applicant contract with another brewery to produce your beer product? Yes No			
	If "Yes," provide the TABC license/permit number of that brewery Is your product brewed at their location? Yes No			
23.	Do you, the applicant, utilize an alternating proprietorship agreement to produce your beer product? Yes No			
	If "Yes," provide TABC license/permit number of that brewery. Is your product brewed at their location? No			
	MANUFACTURERS (BA) and BREWERS (B)			
24.	If you are operating under an alternating or contract brewing agreement; do you, the applicant, own a fee interest (ownership) in a brewing facility? Yes No			
25.	If "No," please submit a Fee Interest Bond which must be on file and approved to issue your license/permit. Fee Interest Bond form and instructions can be downloaded from http://www.tabc.state.tx.us/forms/ Do you, the applicant, hold a Brewer's Notice issued by the Alcohol and Tobacco Tax and Trade Bureau of			
	the United States Department of the Treasury?			
26.	MANUFACTURERS (BA), BREWERS (B) and DISTILLERS (D) Do you, the applicant, intend to sell for on-premise consumption during the life of this license/permit? Yes No			
	If "Yes," have you confirmed with your city and county that it is an allowable privilege? No			

DISTILLERS (D)			
27. Do you, the applicant, intend to sell commemorative bottles for off-premise consumption?			
If "YES," have you confirmed with your city and county that it is an allowable privilege? Yes No			
	WHOLESALERS (W, X &	LX)	
	28. Do you intend to sell ale or malt liquor? Yes No If "YES," You must submit a territorial agreement from the actual manufacturer of the product.		
	DISTRIBUTORS (BB, BC,	BD)	
29. Does the applicant have an adequate building, storage facilities, sufficient employees, delivery vehicles and rolling stock to provide service and sales for each brand of beer in an amount equal to the demand for the product from all retailers in applicant's assigned territory? Yes No NOTE: If you are applying for a General Distributor's License, Local Distributor's License or Branch Distributor's License, you must submit a territorial agreement from the actual manufacturer of each beer product you are handling.			
	WINERIES (G)		
 30. Do you hold or have you applied for a Federal Winemaker's and Blender's Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB)? Yes No If "Yes," attach a copy of the Federal Winemaker's and Blender's Basic Permit issued by the TTB. Be advised a copy of this permit must be presented before issuance. 31. Do you, the applicant, engage in any activity authorized by the winery permit on the permitted premise of another winery? Yes No 			
If "Yes," provide the TABC winery permit number of that winery and attach copy of agreement between the permit holders for review.			
	If Applicant Is:	Who Must Sign	
	If Applicant Is: Individual	Individual Owner	
WARNING AND	If Applicant Is: Individual Partnership	Individual Owner Partner	
	If Applicant Is: Individual Partnership Limited Partnership	Individual Owner Partner General Partner	
WARNING AND	If Applicant Is: Individual Partnership Limited Partnership Corporation	Individual Owner Partner General Partner Officer	
WARNING AND SIGNATURE	If Applicant Is: Individual Partnership Limited Partnership Corporation Limited Liability Company	Individual Owner Partner General Partner Officer Officer or Manager	
WARNING AND SIGNATURE EACH LICENSEE OR PERMITTEE S LOCATION WITH RESPECT TO SAL CONTROL OF THE EMPLOYEES, PETHE LICENSEE OR PERMITTEE IS UWARNING: Section 101.69 of the Tex representation in an application for a prequired to be sworn commits an offen nor more than 10 years."	If Applicant Is: Individual Partnership Limited Partnership Corporation Limited Liability Company HALL HAVE EXCLUSIVE OCCUPANCY AND OF ALCOHOLIC BEVERAGES. ANY ARRAITEMISES OR BUSINESS, INCLUDING PROFITS	Individual Owner Partner General Partner Officer Officer or Manager CONTROL OF THE ENTIRE LICENSED NGEMENT THAT SURRENDERS SUCH S AND LOSSES, TO PERSONS OTHER THAN who makes a false statement or false r instrument to be filed with the Commission and partment of Criminal Justice for not less than 2	
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OWNER OF PROPERTY

L-OP (01/2016)

1. Trade Name of Location				
2. Indicate if owner of property is: Owner of Land and Building Owner of Land Owner of Building Owner of Boat				
	owned by different entities, compl			
, ,	3. Wholesaler's (W, X) and Manufacturer's (G, B, D) − Is the owner of premise information used for a storage permit (L, K) or Manufacturer's Warehouse License (MW)? ☐ Yes ☐ No			
4. Owner of Property (Individual or Business Entity)				
5. Federal Employer Identification	Number (FEIN) for Owner of Propert	у		
	COMPLETE THE FOLLOWI	NG:		
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
Full Legal Name of Individual, Part	ner, Officer (Last, First, Middle)	Title/Owner		
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
Full Legal Name of Individual, Part	Title/Owner			
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
Full Legal Name of Individual, Part	Title/Owner			
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
Full Legal Name of Individual, Part	Title/Owner			
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
Full Legal Name of Individual, Part	Title/Owner			
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SUBLESSOR

L-SL (01/2016)

1. Trade Name of Location				
2. Indicate if you are: Sublessor Concessionaire Management Company of Permittee				
3. Business Entity Name for Sublessor, Concessionaire or Management Company				
4. Federal Employer Identification	Number (FEIN) for Sublessor, Cond	cessionaire or Management Company		
	COMPLETE THE FOLLOW	ING:		
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
		/ /		
Full Legal Name of Individual, Part	ner, Officer (Last, First, Middle)	Title/Owner		
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
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Full Legal Name of Individual, Part	Title/Owner			
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)		
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Full Legal Name of Individual, Part	Title/Owner			
IF YOU NEED MORE	SPACE USE ADDITIONAL	L COPIES OF THIS PAGE		



TABC TEXA SICHOLIC BEVERAGE COMMISSION SOURCE & CONTESS & integrity & accountability.	'EHICLES – TRAN	NSPORTING AL	COHOL L-VEH (01/2016)	
☐ (E) Local Cartage Permit☐ (ET) Local Cartage Permi	License – (Importer's License - BI) – (Package Store - P/Wine-Only Pa t – (Warehouse/Transfer Company, nit - (Wholesalers (W, LX & X), Win			
	It is the responsibility of all licensees and permittees to maintain proper liability insurance for each vehicle listed below. All vehicles listed below should operate in accordance of all federal and state regulations.			
2. Do you maintain proper liab Yes No	2. Do you maintain proper liability insurance and operate in accordance of all federal and state motor vehicle laws?			
3. If "Warehouse or Transfer	Company," explain your busine	ss as it pertains to the transpo	ortation of alcohol.	
	LES OWNED OR LEAS			
MAKE	MODEL	YEAR	LICENSE NUMBER	

LIST THE VEHICLES OWNED OR LEASED IN GOOD FAITH BY APPLICANT TO BE USED IN CONNECTION WITH THE PERMIT CONTINUED **MAKE MODEL YEAR LICENSE NUMBER** IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE